

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53	/					
4		/					54		/				
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45		/					95						
46		/					96						
47	/	/					97						
48		/					98						
49		/					99						
50		/					100						
T TAL IND.							TOTAL IND.	7					
T TAL DEP.							TOTAL DEP.	34					
TOTAL CLAIMS							TOTAL CLAIMS	41					